

ENTRY BLANK

Case U-V

PLEASE TYPE OR PRINT

☒ Ms.

☐ Mr. Artist

DIANE BJEL WILKS

(Last Name Last)

Permanent

Address

1603 NORTHLAND LAKEWOOD

Street

City

44107

Daytime Tel. (216) 221-2338

Zip

Area Code

Temporary or

Studio Address

Street

City

Daytime Tel. ()

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, in which county were you born?

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense to this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry Blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 21, 1985.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature

Diane Bjel Wilks

DO NOT DETACH

DO NOT DETACH

ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☒ 5. Crafts

Materials

PORCELAIN

Title

TEAPOT

Sold

Price or NFS

\$150-

Insurance Value
if NFS Only

Size

7" x 9" x 7" Ht.

9.75 GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN THIS SECTION

13 (P)
~~13 (P)~~

ACCEPTED

X

REJECTED

DETACH

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☒ 5. Crafts

Materials

PORCELAIN

Diane Wilks

Title

BOWL WITH HARE

C-W

Price or NFS

\$125-

Insurance Value
If NFS Only

Size

10 1/2" DIA.

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN
THIS SECTION

14 (P)

ACCEPTED

REJECTED

RECEIVED

DATE

mk

X

5/7

1985 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Name

Address

City & State

Zip

NOTIFICATION #2

DO NOT
DETACH**1**

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☒ 5. Crafts

Title

TEAPOT

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

13(P)

X

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Title

BOWL WITH HARE

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

14(P)

X

RETURN OF OBJECTS:

REJECTED: JUNE 4-8

ACCEPTED: JULY 29-AUGUST 3

It is understood that the Museum will have the right to dispose
for its own account any object not called for by the dates listed

This is your only receipt to claim your object(s).